FOR INSTRUCTIONS, SEE BACK OF FORM

## **DISCLOSURE SUMMARY PAGE**

File with: File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fex: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees AMPAIGN DISCHASTIRE 3. statements and reports filed by all committees for state office must be filed by all committees for state office must be filed 2010. electronically. Effective May 1, 2010, all statements and reports for State PACs and State

Reset form

Parties must be filed electronically.

2010 JUL 15 AM 7: 55

	Reset	) (100)	
COMMITTEE NAME (Must be same as on Statement of Organ	ization)		UNO GO1000
Pat Wright for CG County Treasurer			ORM
(MPORTANT: Indicate by # type of committee you are reporting for. 5 (1 )Statewide/Legislative/Judge Standing for Retention Candidate (2) (4 )County Central Committee (5 )County Candidate (6 )City Candidate Subdivision Candidate (6 )County PAC (9 )City PAC (10 )School Bot 11 ) Local Ballot Issue	State PAC (3) State Party ate (7) School Board or Other Politic	(Rel	DR-2 ev. 12/2009) DISCLOSURE REPORT  COTTICO USO ORITY  TOTAL PROPERTY  TOTAL
CANDIDATE COMMITTEES ONLY: Candidate Name Pat Wright	Political Party (if applicable) Dem	Log	gged in dispersion of the second of the seco
Office Sought County Treasurer	District (if Senate or House)	Aus	Sited
Late reports are subject to possible civil and criminal penalties. Purscandidate's committee, and the chairperson, for any other type of committee and the chairperson, for any other type of committee of person Faling Report	uant to lows Code sections 68B.32 mmittee, is the individual responsit 641-424-8753 TELEPHONE	ble for filing tin	.401(3), the candidate, for a nely and accurate reports.  7-15-10  DATE SIGNED
IAM FILING A July 19, 2010	REPORT FOR (1) ELECTIC	N /(2)NON-E	LECTION YEAR.
(report date)	Indicate b		
CHECK IF AMENDMENT TO REPORT DATED		Local Comm	titlees, enter Date of Election
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.)		November County & Lo which Electi Cerro Go	cal Committees, enter County in on is held
STATEMENT OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the coordinate the last reporting period or must be zero if this is fire	esh on hand at the end	\$	2,628.25
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Schedul	le A) (*also see in-kind below)		2.32
Schedule F: Loans Received total (Attach Schedule F	• • • • • • • • • • • • • • • • • • •	•••••	0.00
Schedule H: Total Sales of Campaign Property (Attac	h Schedule H)	***********	0.00
(Schedule H applies to Candidates' Comm	<u>littees Only)</u> SUB-TOTAL	\$	2,630.57
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) ( Schedule F: Loan Repayments total (Attach Schedule		•	236.26
CASH ON HAND at the end of this reporting period (if final repo	urt balance must be zero)	\$	2,394.31
"UNPAID BILLS (From Schedule D - Attach Schedule D)			0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched	ule E)	\$	0.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule	•		0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	•	<u>-</u>	YES ✓ NO
CANDIDATE COMMITTEES ONLY:			
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attack	ih Schedule H)	\$	
STATE COMMITTEES: Submit a reconciled campaign accoun	t bank statement in January of e	ach vear.	

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For Instructions, See Back of Form	Reset Form	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)			CK THIS BOX IF NDING FORM
Pat Wright for CG County Treasurer			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE SOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ (F FO) FUND- RAISER INCOME
05/31/10	CK#	MCLFCU - Account interest 1341 6th St SW Mason City, IA 50401		\$1.19	
06/30/10	ID# CK#	MCLFCU - Account interest 1341 6th St SW Mason City, IA 50401		1.13	
-	ID#				
	CK#		]		<b>  L</b>
· · · · · · · · · · · · · · · · · · ·	ID#				
	CK#				<u> </u>
	ID#		-		
	CK#		}		<u> </u>
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	CK#				<b>  L</b>
	ID#				l
	CK#				<u> </u>
	ID#				<del> </del>
	СК#				<b>  L</b>
	(D#				
	CK#			Ì	
***	ID#				
	CK#				
	<u> </u>		SUB-TOTAL	\$ 2.32	
		TOTAL (if last pa	ge of this schedule)	\$ 2.32	

committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF ENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Pat Wright for CG County Treasurer

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Dishursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	NUMBER			
06/24/10	ID# CK#	D and D Printing 840 - 12th St NW Mason City, IA 50401	Signs and Tshirts for Clear Lake July 4th Parade	\$ 186.26
	ID#	Cerro Gordo County Democrats	Candy for Clear Lake July 4th Parade	
06/24/10	CK#	517 - 1st St. NW Mason City, IA 50401	Candy for Clear Lake July 4th Parade	50.00
*	ID#			
	СК#			
	ID#			
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	CK#			
	ID#			<del>                                     </del>
	CK#			
	<u> </u>		SUB-TOTAL	\$ 236.26

TOTAL (if last page of this sch	edule)
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\$ 236.26

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of gertain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowe Code 68A.402(3)(i).)

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(for Schedule B)